

Accomplishments

February 3, 2006: MMA Section 721 Voluntary Chronic Care Improvement Under Traditional Fee-For-Services

CMS announced that more than 100,000 Medicare beneficiaries are now participating in the voluntary Medicare Health Support programs designed to reduce health risks and improve the quality of life of chronically ill patients. Medicare Health Support connects program participants with specially trained health professionals. The eight pilot programs were announced in December 2005. These programs were required by Section 721 of the MMA.

February 6, 2006: MMA Section 303(d) Payment Reform for Covered Outpatient Drugs and Biologicals

CMS issued a manual instruction (CR 4309) that allows payments beginning in 2005 to be based on 106 percent of the average sales price for drugs and biologicals.

February 15, 2006: MMA Section 923 - Medicare Beneficiary Ombudsman

CMS hosted the first Medicare Beneficiary Ombudsman Open Door forum. This forum provided an opportunity for beneficiaries, caregivers, and advocates to discuss issues and concerns regarding ways to improve the systems within the Medicare program. This is required by Section 923 of the MMA.

February 24, 2006: MMA Section 301- Medicare Secondary Payer

CMS published an interim final rule with comment period (CMS-6272-IFC) that clarifies when CMS may make a conditional Medicare payment when other insurance cannot reasonably be expected to make a prompt payment. This is required by MMA Section 301.

What to Expect

Final Rule: MMA Section 936(b)(1) - Requirements for Establishing and Maintaining Medicare Billing Privileges and Provider Enrollment Process

This final rule (CMS-6002-F) is needed as part of the Administration's anti-fraud and abuse efforts. It gives CMS the authority to enroll and re-enroll providers, with time frames for re-enrollment. The rule also responds to comments received on the proposed rule and implements section 936 of the MMA, which establishes deadlines for action on enrollments and renewals.

Targeted Release: First Quarter of CY 2006

Final Rule: MMA Section 1860D-4 - Physicians' Referrals to Health Care Entities with Which They Have Financial Relationships- E-Prescribing Exception (CMS-1303-F)

This final rule (CMS-1303-F) creates an exception to the physician self-referral prohibition for certain non-monetary remuneration related to electronic prescribing Section 1860D-4 of the MMA.

Targeted Release: First Quarter of CY 2006

Proposed Rule: MMA Section 302- Competitive Acquisition for Certain Durable Medical Equipment (DME) Prosthetic, Orthotics, and Supplies

This proposed rule would create national competitive bidding that will provide a program for using market forces to set Medicare payment amounts. It will also create incentives for suppliers to provide quality items and services, while at the same time providing Medicare with reasonable prices for payment.

Targeted Release: First Quarter of CY 2006

Proposed Rule: MMA Section 936(b)(3) - Provider Enrollment Process: Right of Appeal–Hearing Rights

This proposed rule (CMS-6003-P2) would extend appeal rights to all suppliers whose enrollment applications for Medicare billing privileges are disallowed by a carrier or whose Medicare billing privileges are revoked, except for those suppliers covered under other existing appeals provisions of CMS regulations. This rule is required by MMA Section 936(b)(3).

Targeted Release: First Quarter of CY 2006

Notice: MMA Section 623 - Payment for Renal Dialysis Services ESRD Advisory Group Announcement of Meeting – March 2006

This notice (CMS-5033-N7) announces a meeting of the ESRD Advisory Group for March 2006.

Targeted Release: First Quarter of CY 2006

Notice: MMA Section 434(a) Frontier Extended Stay Clinic Demonstration

This notice (CMS-5030-N) announces the establishment of a demonstration project under which frontier extended stay clinics in isolated rural areas are treated as providers of items and services under the Medicare program.

Targeted Release: First Quarter of CY 2006

Notice: MMA Section 623 - Demonstration of Bundled Case-Mix Adjusted Payment System for ESRD

This notice (CMS-5034-N) announces a 3-year demonstration to test a fully case-mix adjusted payment system for end stage renal disease (ESRD) services.

Targeted Release: First Quarter of CY 2006